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ABSTRACT

Developmentally handicapped students represent a unique and perplexing challenge for school couselors. Most counselors have little or no coursework in special education and may experience uncertainty regarding their ability to intervene effectively with these students. Contributions made by cognitive psychology to the education of handicapped students can provide the school counselor with a better understanding of developmentally handicapped students, serve to promote systematic intervention, and help to reduce the apprehension that limits counselor involvement. Counselor efficacy with developmentally handicapped students can be enhanced if the counselor is able to: (1) develop an awareness of cognitive instructional objectives and strategies designed for handicapped students; (2) establish appropriate counseling goals for these students; (3) integrate cognitive instructional strategies with counseling interventions; and (4) commit to helping developmentally handicapped students maximize their potential. This paper presents a systematic cognitive counseling approach designed for use with developmentally handicapped students and reviews cognitive instructional strategies relevant to counseling interventions with these students. (Author/NB)

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Counseling Developmentally Handicapped Students: A Cognitive Approach

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Counseling Developmentally Handicapped Students:
A Cognitive Approach

The article presents a systematic cognitive counseling approach designed for use with developmentally handicapped students. Cognitive instructional strategies relevant to counseling interventions are also reviewed.

Developmentally handicapped (DH) students represent a unique and perplexing challenge for school counselors. Although they are sensitive to the fact that DH students encounter considerable difficulity in school, most counselors have little or no coursework in special education and, therefore, experience uncertainty regarding their ability to intervene effectively. This absence of a conceptual framework capable of directing counselor interaction often results in limited or perfunctory involvement with students who are usually more in need of counseling assistance than their nonhandicapped peers. However, contributions made by cognitive psychology to the education of handicapped students can provide the school counselor with a better understanding of DH students, serve to promote systematic intervention, and help to reduce the apprehension that often limits involvement. Counselor efficacy with DH students can be enhanced if the counselor is able to (a) develop an awareness of cognitive instructional objectives and strategies designed for handicapped students, (b) establish appropriate counseling goals, (c) integrate cognitive instructional strategies with counseling interventions, and (d) commit to helping handicapped students maximize their potential.

COGNITIVE INSTRUCTIONAL GOALS AND STRATEGIES

Contributions from cognitive psychology to the instruction

of handicapped students identify the educational needs of DH students and establish efficacious instructional goals and strategies. Self-regulated learning is the major instructional objective. Students are taught to manage their cognitive abilities and motivational effort in such a way that learning is effective, economical, and satisfying (Paris & Oka, 1986). Self-regulation requires self-confidence, self-control, and the ability to take risks. Students learn to adopt and transfer cognitive strategies that are designed to enable them to, evaluate the nature and difficulty level of a task prior to attempting it, formulate a plan of action, and explore possible options. When confronted with a problem situation, students have a number of problem-solving formats available to them. If the students can apply the appropriate strategy to the situation at hand, their chances for success will increase. Students are also taught that success is determined by self-improvement rather than by comparisons with other students and that they are resonsible for their performance on any given task. Cognitive instructional goals attempt to encourage an internalizational of responsility for motivation and behavior in students who most often exhibit a belief that external factors (eg. difficulty level of tasks, teachers) are responsible for success or failure.

Cognitive instructional strategies, designed to enhance student performance, vary from task to task. For example, one procedure can teach children that a different approach is needed when studying spelling than when studying math while another

strategy may promote reading comprehension. Students learn that they are capable of selecting the appropriate strategy for a given task and using it effectively. Pressley et al. (1985) suggests that Metacognitive Acquistion Procedures, or MAPs, include processes that allow students to monitor a strategy's effectiveness and alter it when it does not meet the demands of the task. Acquisition and transfer of these strategies can best be achieved when the teacher encourages and models active participation in the learning process, reviews the effectiveness of various strategies with students, and monitors and challenges students' self-defeating attributions about success or failure. The attitudes and motivational states of students cannot be bypassed during strategy training. Students with positive beliefs about their own responsibility for success have been found to profit more from strategy training (Borkowski, Weyhing, & Turner, 1986).

Developmentally handicapped students bring to the classroom a history of frustration and failure. Instructional programs designed to attack the attitudes and beliefs that maintain that sense of helplessness, while teaching students to be more active, self-sufficient learners, promote a sense of accomplishment and confidence that can extend far beyond the classroom. Cognitive psychology supports the notion that retarded cognitive performance is not a permanent state. The performance of exceptional children is amenable to considerable modification as a result of appropriate educational strategies (Harth, 1982).

COGNITIVE COUNSELING GOALS AND INTERVENTIONS

Cognitive counseling goals recognize the educational needs of DH students and are consistent with the instructional goals of self-regulated learning, efficacious metacognitive strategy formation, and the modification of inaccurate attributions regarding individual performance. In addition, cognitive counseling goals are established to promote active and confident student participation beyond the academic realm while providing the counselor with a realistic sense of direction. The goals of (a) enhancing self-acceptance, (b) understanding individual difference, (c) modifying irrational beliefs and attitudes, (d) developing basic problem-solving strategies, and (e) encouraging appropriate student involvement in mainstreamed classes and extra-curricular activities, can effectively direct counselor involvement with DH students. The counseling goals are pursued concomitantly as the counselor teaches students about reality and the possibilities that exist for them. Initially the focus is on providing students with an accurate appraisal of the limits and possibilities created by individual differences, detecting and challenging irrational beliefs and attitudes, and introducing problem-solving strategies. As students start to focus more on their potential and less on their limitations, and begin to understand the relationship that exists between their cognitions and behavior, they can attempt to modify their irrational beliefs and experience an increased level of self-acceptance. Students become more willing to learn and use new

problem-solving strategies and begin to develop an internalized sense of responsibility for success and failure. Eventually, they acquire the confidence necessary to risk more involvement in mainstreamed classes and extra-curricular activities.

A STRUCTURED GROUP COUNSELING APPROACH

Counseling interventions, designed to promote counseling goals, are best applied within the framework of a structured group counseling/teaching format with flexibility incorporated after students have been given an adequate introduction to basic cognitive principles of self-talk, irrational beliefs, self-acceptance. Cognitive counseling strategies are readily integrated with instructional strategies as the counselor attempts to teach students to become more active, utilize metacognitive processes when solving problems, and make appropriate attributions regarding individual performance. A significant portion of the cognitive counseling approach involves reeducating students as to their limitations and potential. Although it is necessary for counselor to utilize effective counseling behaviors, it is equally as important for the counselor to focus on teaching students how to think and act more effectively. The counselor must continually model and encourage active participation in the cognitive reeducation process.

After initial rapport building sessions have been completed, students are made aware of the positive and negative

dimensions of self-talk with the primary focus placed on identifying and developing helpful self-statements. A list of positive self-statements is prominently displayed in the room and students are encouraged to add to the list whenever they think of an additional statement. The list includes general statements such as; "I can do it", "Take my time", "It's okay to make mistakes", as well as more task specific statements like, "Division is hard but not impossible", and, "When I spell I need to sound the word out". Students are then taught to use self-talk appropriately. For example, a student might be asked to solve a division problem at the board while the group members, on cue, provide helpful statements. Next, while attempting a similar problem, the student verbalizes the appropriate self-talk. Finally, the student will be asked to solve another problem using the same self-talk internally. The shift from group verbalizations to internalized self-talk represents a standard teaching format (Meichenbaum & Goodman, 1971). The focus on self-talk begins to help students internalize responsibility for individual performance and increases their likelihood for success. Once established, the relationship between self-talk and performance is maintained and serves as a bridge to the discussion on individual difference.

The discussion on individual difference should concentrate primarily on what it means to be different. Initially the counselor asks students, "What are some things that you say to yourself about being in the DH class?" This question does two things: it introduces the topic of individual difference and

allows the counselor to start to identify misconceptions that the students have about handicapped individuals. The discussion on individual difference should provide students with accurate information about the process that brought them to the DH class, the reason for placement, what developmentally handicapped means, and what is expected of DH students academically. Questions from students usually focus on the identification procedures, why other students who don't do well in school aren't placed, and how long they will be in special education. The counselor must respond openly and honestly to all questions while being sensitive to the student's ability to comprehend the information provided. The DH teacher or the school psychologist are excellent resources to have available during this discussion if the counselor is uneasy with the topic. Ideally, at the end of the discussion, students are aware of why they were placed, the benefits and drawbacks of placement, school expections for them, and that different doesn't mean inferior.

CHALLENGING IRRATIONAL BELIEFS

Most DH students believe that being identified as a "slow learner" means that they are (a) inferior to other students and (b) have little chance for success in the academic classroom. These two beliefs serve as the foundation for numerous other irrational beliefs that maintain the students sense of helplessness and failure. Common beliefs held by students that accentuate these major attitudes are:

1. I can't do school work.
2. Everyone thinks I'm dumb so I must be dumb.
3. I must only attempt the tasks that I'm sure I can do.
4. I am in constant danger of looking foolish in the regular clasroom.
5. Success means doing as well as nonhandicapped students.

These beliefs lead to a variety of self-defeating behaviors that can range from aggressive acting-out incidents to chronic passivity, depending on what the individual student perceives as the best way to respond a specific situation. However, regardless of their nature, self-defeating behaviors are a reflection of self-defeating beliefs. Although irrational beliefs are idiosyncratic, many these specific beliefs or similar ones are maintained by the vast majority of DH students.

Challenging the irrational beliefs of DH students is the cornerstone of the cognitive approach. Ultimately, students must modify these attitudes if their confidence and performance is to improve. The school counselor is in an excellent position to help students discover the irrational beliefs that are maintaining self-defeating behaviors and teach students more rational ways to view their world. Students are encouraged to share their thoughts about school and special placement and to discuss the impact that these cognitions have on performance and behavior. The counselor can then start to detect and point out

for students irrational beliefs that are present and explain how the beliefs direct behavior. A list of irrational beliefs displayed next to a list of rational beliefs can help to increase the students' awareness while continually providing appropriate options. For example, "I can't do school work" is challenged by an appropriate belief, " At times, school work is difficult for me". The rational belief recognizes the fact that some school work, perhaps most, may be difficult for the student but, unlike the irrational belief, it allows for success.

Students' beliefs about measuring or determining success also represent a major counseling focus. The belief that success means doing as well as nonhandicapped peers is challenged continually. Students are taught that success doesn't mean doing as well as their nonhandicapped peers. Success is defined as learning to do something better or more consistently than they have in the past. It is defined on an individual basis and not by comparison to others. Altering students irrational beliefs enough to promote self-acceptance and encourage risk-taking represents significant progress when working with DH students. The counselor must continually listen for, and detect by observing inappropriate behavior, student beliefs that can impede progress.

TEACHING PROBLEM-SOLVING STRATEGIES

Instructing students in the use basic metacognitive

strategies represents an attempt to provide students with effective problem-solving procedures that can transfer to a variety of situations. The objective is not to overwhelm students with numerous different strategies, but rather to supply them with a few very versatile problem-solving procedures. One such strategy is as follows:

1. What's my problem?
2. What's my plan?
3. Am I using my plan?
4. Is it working?

This four step procedure is both easy to learn and applicable to many stiuations. The counselor can teach students to use the strategy by presenting common problem areas and demonstrating how to apply the strategy. Students are then encouraged to present their own situations and, as a group, to assist each other with identifying the problem, developing a plan, and determining how to monitor its effectiveness. Although the format is basic, initially students have difficulty applying the strategy. It requires considerable thought and restraint from students who are usually impulsive and believe that they have little or no control over what happens to them. The counselor needs to be patient, focus on specific situations that can be dealt with easily, and encourage students to use the procedure. Some students may have considerable difficulty transferring the strategy from one situation to another. For example, a student may be able to use the strategy effectively when confronted with a peer problem at school, but not see its usefulness in dealing

with a similar problem with a sibling. This may be a result of the individual's level of cognitive development or, more commonly, a result of resistance to internalizing responsibility for performance. In either case, a patient encouraging approach that moves students forward when they are ready will be most effective. Once students begin to use the strategies effectively, confidence and performance should start to improve.

Cognitive counseling techniques attempt to reeducate handicapped students about their potential and their responsibility for success and failure. As students begin to grasp the basic cognitive principles, reluctance to participate in mainstreamed classes and extracurricular activities becomes an area of concern. Many DH students will not participate in regular class activities and passively convince their teachers and peers that they are not capable and better off left alone. If the counselor is able to teach students helpful self-talk, challenge and modify irrational beliefs, and help students to recognize the problem impeding their progress, students will begin to take risks outside of the special class. Most DH students placed in a regular class can deal with course content at an acceptable level if they can overcome the fears that restrict their efforts. If the counselor can convince students that the irrational fear is more of a problem than the course content, then they can begin to teach them rational beliefs that will enable students to function more effectively. Once students begin to attempt basic behaviors such as asking questions in class, volunteering answers, and interacting

socially, irrational beliefs and fears diminish even more, resulting in increased performance, self-confidence, and satisfaction.

CONCLUSION

Developmentally handicapped students are responsive to and appreciative of counseling assistance. Although they very often present a passive-dependent-apathetic facade, they share the basic ambitions and dreams of their nonhandicapped peers. Students want to feel worthwhile, succeed in and out of school, and develop and maintain rewarding interpersonal relationships. The school counselor, by utilizing cognitive counseling principles in a systematic fashion, is in a position to help students begin to learn cognitive strategies and rational beliefs that can result in a more realistic and confident approach to life. Ultimately, systematic counselor involvement can result in students who believe that developmentally handicapped doesn't mean incapable or inferior and who, therefore, act accordingly.

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